

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTYUNIFORM SPOUSAL SUPPORT ORDER
(PAGE 1)
☐ MODIFICATION

CASE NO.

Court address

FAX no.

Court telephone no.

Plaintiff's name, address, and telephone no.

v

Defendant's name, address, and telephone no.

Plaintiff's attorney name, address, telephone no., and bar no.

Defendant's attorney name, address, telephone no., and bar no.

Plaintiff's source of income name, address, and telephone no.

Defendant's source of income name, address, and telephone no.

1. **Spousal Support.** Spousal support shall be paid monthly as follows:

Payer:	Payee:	Effective date:
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All spousal support shall be paid through the State Disbursement Unit and paid to the payee except for those payments indicated below that are payable to a third party which must be paid directly to the third party. If an amount is payable to the payee for a particular type of expense, the payee shall make the payment for that expense and hold the payer harmless for any liability the payer may incur due to the payee's failure to pay the expense.

Type	Amount	Pay to
Support		
Total		

(see Page 2 for remainder of order)

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2. Income withholding takes immediate effect for those items payable through the State Disbursement Unit.

3. This order continues until the following events:

☐

Date

☐

\$ _____ is paid.

☐

Death of the payee.

☐

Other (specify all other events)

☐ 4. For tax purposes, the payments will be deductible to the payer and included in the income of the payee.

5. **Retroactive Modification, Surcharge for Past Due Support, and Liens for Unpaid Support.** Support is a judgment the date it is due and is not modifiable retroactively. A surcharge will be added to past due support. Unpaid support is a lien by operation of law and the payer's property can be encumbered or seized if an arrearage accrues for more than the periodic support payments payable for two months under the payer's support order.

6. **Change of Address, Employment Status, Health Insurance.** Both parties shall notify the friend of the court in writing, within 21 days of any change in: a) their mailing or residence address and telephone number; b) the name, address, and telephone number of their sources of income; c) their health maintenance or insurance company, insurance coverage, persons insured, or contract number; d) their occupational or driver licenses; and e) their social security number unless exempt by law under MCL 552.603.

7. **Fees.** The payer of support shall pay statutory and service fees as required by law.

8. **Prior Orders.** Except as changed in this order, prior provisions remain in effect. Support payable under any prior order is preserved.

9. **Other: (attach separate sheets as needed)**

IT IS SO ORDERED.

Plaintiff (if consent/stipulation)

Date

Defendant (if consent/stipulation)

Date

Date

Judge

Bar no.

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this order on the parties and their attorneys by first class mail addressed to their last known addresses as defined in MCR 3.203.

Date

Signature